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CONFIRMATION NO. 4454

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**\*\* CONTINUING DATA \*\*\*\*\***  
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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
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| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>GERMANY      | <b>SHEETS DRAWING</b> | <b>TOTAL CLAIMS</b><br>11 | <b>INDEPENDENT CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   |                       |                           |                                |
| Verified and Acknowledged  | Examiner's Signature <i>[Signature]</i> | Initials <i>DR</i>    |                           |                                |

**ADDRESS**  
34469

**TITLE**  
Substituted heterocyclpyrimidines

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|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>1280 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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